

MUSTANGS BASEBALL FALL/WINTER WORKOUTS

Mondays @ CP2 Field (Next to EBS)

6-7th graders 4-5:30 pm

8th graders 5:30-7pm

Fall/Winter workouts will be conducted by Coach Steve Kreger

For more information contact Hank Berthiaume @ 858-922-7577 or hberthiaume@sandi.net.

Workouts will take place on the following Mondays:

9/13, 9/20, 9/27, 10/11, 10/18

11/1, 11/8, 11/15, 12/6, 12/13

Players should come to as many workouts as possible

Wear practice uniform and cleats, bring glove, bat and helmet, drink

The cost for all 10 sessions is \$95

Checks should be made payable to the Mustangs Baseball Club

Tryouts for the regular school team will be in January

Bring this form filled out to Mr. B at Marshall or to the first workout

Name: _____ Player phone: _____

Age: _____ Grade: _____ Current team: _____

Parent email: _____ @ _____

Parent Phone Numbers: _____ , _____

WAIVER AND RELEASE OF LIABILITY

In consideration of (Child's Name) _____ being allowed to participate in the Mustangs Baseball Club program, related events and activities, the undersigned acknowledges, appreciates, and agrees to the following:

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child including the risks of the activity and his/her responsibilities for adhering to the rules and regulations. Furthermore, my child understands and accepts these risks and responsibilities. I for myself, my spouse, and child do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child do release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE to the fullest extent permitted by law.

Parent/Guardian Name: _____

Parent/Guardian Signature _____

DATE SIGNED: _____

Emergency Phone Number: (_____) _____